ST PAIII HOME

ST.	PAUL	HOME
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316 EAST FOURTEENTH STREET

KAUKAUNA 54130 Phone: (920) 766-6020)	Ownership:	Non-Profit Corporation
Operated from $1/1$ To $12/31$ Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed $(12/31/02)$:	129	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	129	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	124	Average Daily Census:	127

Services Provided to Non-Residents		Age, Sex, and Primary Diagn		·	31/02)	Length of Stay (12/31/02)	용
Home Health Care Supp. Home Care-Personal Care			%	Age Groups	응 		43.5
Supp. Home Care-Household Services	Yes			 Under 65	1.6	•	17.7
Day Services	No	·		65 - 74	4.8		
Respite Care	No	Mental Illness (Other)			25.0	İ	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.6	********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.4	95 & Over	12.9	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	0.8			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	10.5	65 & Over	98.4		
Transportation	Yes	Cerebrovascular	16.9			RNs	9.2
Referral Service	No	Diabetes	4.8	Sex	8	LPNs	4.2
Other Services	No	Respiratory	4.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	19.4	Male	24.2	Aides, & Orderlies	46.4
Mentally Ill	No			Female	75.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	280	63	90.0	117	0	0.0	0	38	90.5	165	0	0.0	0	0	0.0	0	113	91.1
Intermediate				7	10.0	97	0	0.0	0	4	9.5	165	0	0.0	0	0	0.0	0	11	8.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		70	100.0		0	0.0		42	100.0		0	0.0		0	0.0		124	100.0

ST. PAUL HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	2/31/02
Deaths During Reporting Period	I						
	I				Needing		Total
Percent Admissions from:	I	Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	16.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.7	Bathing	0.0		87.1	12.9	124
Other Nursing Homes			6.5		86.3	7.3	124
Acute Care Hospitals	63.2	Transferring	25.0		67.7	7.3	124
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.5		72.6	8.9	124
		Eating					124
Other Locations	12.8	******	*****	*****	*****	*****	******
Total Number of Admissions	117	Continence		8	Special Trea	tments	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	8.9	Receiving	Respiratory Care	16.9
Private Home/No Home Health	20.8	Occ/Freq. Incontinen	nt of Bladder	45.2	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	5.8	Occ/Freq. Incontinen	nt of Bowel	13.7	Receiving	Suctioning -	0.0
Other Nursing Homes	3.3	_			Receiving	Ostomy Care	0.0
Acute Care Hospitals	3.3	Mobility			Receiving	Tube Feeding	0.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.2	Receiving	Mechanically Altered Diet	s 22.6
Rehabilitation Hospitals	0.0				-	-	
Other Locations	11.7	Skin Care			Other Reside	nt Characteristics	
Deaths	55.0	With Pressure Sores		5.6	Have Advan	ce Directives	95.2
Total Number of Discharges	İ	With Rashes		6.5	Medications		
(Including Deaths)	120				Receiving	Psychoactive Drugs	50.0
					-	-	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************ Ownership: Bed Size: Licensure: Nonprofit 100-199 Skilled This All Peer Group Facility Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.4 87.5 1.12 1.15 85.3 85.1 85.7 1.15 1.16 Current Residents from In-County 82.3 79.3 1.01 1.04 81.9 1.00 81.5 76.6 1.07 Admissions from In-County, Still Residing 39.3 21.8 1.81 20.1 1.96 20.4 1.93 20.3 1.94 162.5 Admissions/Average Daily Census 92.1 0.57 146.1 0.63 133.4 124.6 0.74 0.69 Discharges/Average Daily Census 94.5 129.0 0.73 161.6 0.58 147.5 0.64 135.3 0.70 Discharges To Private Residence/Average Daily Census 25.2 50.5 0.50 70.3 0.36 63.3 0.40 56.6 0.45 Residents Receiving Skilled Care 91.1 94.7 0.96 93.4 0.98 92.4 0.99 86.3 1.06 Residents Aged 65 and Older 98.4 96.2 91.9 92.0 1.07 87.7 1.12 1.02 1.07 Title 19 (Medicaid) Funded Residents 56.5 0.88 0.89 56.7 1.00 63.8 63.6 67.5 0.84 Private Pay Funded Residents 33.9 32.8 1.03 22.1 1.53 24.0 1.41 21.0 1.61 Developmentally Disabled Residents 0.0 0.5 0.00 0.9 0.00 1.2 0.00 7.1 0.00 Mentally Ill Residents 40.3 35.5 37.0 1.09 36.2 1.11 33.3 1.21 1.14 General Medical Service Residents 19.4 0.92 0.86 23.8 0.81 21.0 22.5 20.5 0.94 Impaired ADL (Mean) 44.5 50.4 0.88 49.2 0.91 49.3 0.90 49.3 0.90 Psychological Problems 50.0 54.7 0.91 53.2 0.94 54.7 0.91 54.0 0.93 6.9 6.7 0.97 Nursing Care Required (Mean) 6.6 6.9 0.95 0.95 7.2 0.91